

2729

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. **424**
Registrar's No. **58**
Location **Casa del Reposo**
(St. & No. (or) Name of Institution)
In Arizona **3 months**
(If outside city limits also write RURAL)
(e) Citizen of foreign country (Yes or No) **NO**
If Yes, which country
(c) Social Security No. **not known**

1. Place of Death: (a) County **Santa Cruz** (b) City or Town **Nogales**
(If outside city limits also write RURAL)
(d) Length of Stay: In Hospital or Institution **6 da.**; In Community **6 da.**
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State **Arizona**; (b) County **Pima**
(c) City or Town **Tucson**
(If outside city limits also write RURAL)
(d) Street No. **not known**
3. (a) FULL NAME **William Shearer** (b) If veteran name was **not known**
4. Sex **male** 5. Race **White** ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced **married**
6. (b) Name of husband or wife **Viola** 6. (c) Age of husband or wife, if alive **69 yrs.**
7. Birthdate of deceased **June 15, 1873**
(Month) (Day) (Year)
8. AGE: Years **74** Months **3** Days **15** hrs. min.
If less than one day
9. Birthplace **Gary, Ind.**
(City, town or county) (State or Country)
10. Usual Occupation **clerical**
11. Industry or Business **retired**
12. Name **Robert Shearer**
13. Birthplace **Winchester, Ind.**
(City, town or county) (State or Country)
14. Maiden Name **Carolina Handershot**
15. Birthplace **Remington, Ind.**
(City, town or county) (State or Country)
16. (a) Informant's own signature **Viola Shearer**
(b) Address **Tucson, Arizona**
17. (a) Burial, Cremation or Removal **removal**
(b) Place **Tucson, Arizona** (c) Date **9/30/47**
18. (a) Embalmer's Signature **Frank B. Carroon**
(b) Funeral Director **Carroon Mortuary**
(c) Address **Nogales, Arizona**
19. (a) **9/30/47**
(Date received Local Registrar)
(b) **Florence J. Reed**
(Registrar's Signature)
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MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) **9/30/47**, 19____ M.
TIME (Hour and minute) **6:00 a.**
21. I hereby certify that I attended the deceased from **Sept. 19 -**
1947 to **Sept. 30 -**, 19____
that I last saw him alive on **Sept. 30 -**, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death **Nephritis chronic**
Due to _____
Due to _____
Other conditions (include pregnancy within three months of death)
Major findings:
Of operations _____
Of autopsy _____
22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury _____
23. Signature **F. E. Barker** M. D.
Address **Nogales, Arizona** Date signed **9/30/47**

DURATION
PHYSICIAN
Underline the cause to which death should be charged statistically